

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS12 APR 18 AM 9:39
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Elizabeth for MA, Inc.

ADDRESS (number and street) ▼

P.O. Box 290568



Check if different than previously reported. (ACC)

Boston

MA

02129

2. FEC IDENTIFICATION NUMBER ▼

C C00500843

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

MA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

10 / 01 / 2011

through

M M / D D / Y Y Y Y

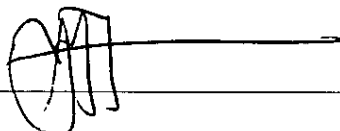
12 / 31 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Bruce Mann

Signature of Treasurer



Date

M M / D D / Y Y Y Y

04 / 08 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only**FEC FORM 3**
(Revised 02/2003)